

IMAGING REQUEST

OBSTETRICS

- ☐ Dating/Viability
- ☐ Morphology scan (19-20 wks)
- ☐ Cervical length
- ☐ Cardiac scan (24-26 wks)
- ☐ Third Trimester Growth, Doppler and AFI scan
- ☐ Other _____

Prenatal Diagnosis

- ☐ Nuchal Translucency Screening: NT scan + Serum Screening + Consultation (12 - 13+6 wks)
- ☐ First Trimester Preeclampsia Screening (plus NT scan)
- ☐ Cell free Fetal DNA (NIPT): Maternal Blood Test + Consultation + Viability scan (after 10 wks)
- ☐ CVS
- ☐ Amniocentesis

GYNAECOLOGY

- ☐ Pelvic scan
- ☐ Antral Follicle Count
- ☐ Exclude ectopic
- ☐ Pelvic mass
- ☐ Ovarian cancer screening
- ☐ Abnormal Uterine Bleeding
- ☐ Pelvic pain (acute or chronic)
- ☐ Other _____
- ☐ Sonohysterogram
- ☐ Tubal Patency Assessment (HYCOSY)

CLINICAL NOTES

First name: _____

Surname: _____

Address: _____

Phone: _____

Date of birth: _____

Please bring the referral form to your appointment and any previous scans or reports you may have.

Preparation for Ultrasound Examinations

For obstetric and gynaecologic examinations, please empty your bladder one hour prior to your appointment time. Then drink two glasses of water in the next half hour, do not empty your bladder until after your ultrasound.

Gynaecological Examination

Please try to book your appointment in the first half of your monthly cycle.

Referring Doctor _____

Signature: _____

Provider No: _____

Date: _____

REPORT

- ☐ Urgent / Phone
- ☐ Fax
- ☐ Healthlink

Please call us to schedule an appointment on:
(02) 8847 2200

